



CIGNA Choice Fund HRA for City of Tucson

Take control of your health care.

Your health care needs are as unique as you are. Your health plan should be no different. That's where CIGNA Choice Fund Health Reimbursement Account (HRA) comes in.

- Receive preventive care in-network at no cost to you
- Use up-front dollars to help pay eligible expenses
- Choose the doctors you want to see no referral required to see a specialist
- Save money by choosing doctors and hospitals in the CIGNA HealthCare network
- Roll over unused plan or health care dollars
- Call a CIGNA Health Advisor® to help you manage your health and make the most of your coverage
- Take advantage of online resources and information to help you make smart health and health care decisions

How your CIGNA Choice Fund HRA works

What is an HRA? HRA stands for **Health Reimbursement Account**. It combines traditional medical and pharmacy coverage with a fund established by your employer. It consists of these key components:

- 100% coverage for preventive care when provided by an in-network doctor. No cost to you or your fund.
- an annual **health fund**, established by your employer, that you can use to pay for eligible medical expenses.
- **your share**, an amount you pay each year to satisfy the deductible after the fund dollars are used. (A deductible is the amount you must pay for eligible health expenses before your health plan starts paying benefits).
- 4 the **health plan**, with an annual out-of-pocket maximum on the amount you pay, once the deductible is met.

Here's how it works ...

Preventive care covered at 100% when received in-network



Your Health Fund ...

Your employer establishes an annual health fund for you. This fund is available to pay for covered medical and prescription expenses.

The amount used from your fund helps you meet your annual deductible. (See below)

Whatever you don't use in a given year can be rolled over to the next and added to your employer's contribution.

Your Health Fund

employee	\$1,000
employee/spouse	\$2,000
employee/child	\$2,000
family	\$2,000



Your Share . . .

Use the fund set up by your employer first.

When you use up the dollars in your health fund, it's your turn to pay for your health care expenses up to the annual deductible.

Your Share

	IN-NETWORK	OUT-OF-NETWORK
employee	\$1,000	\$1,000
employee/spouse	\$2,000	\$2,000
employee/child	\$2,000	\$2,000
family	\$2,000	\$2,000



... and Your CIGNA Health Plan

Once you meet your deductible, you pay a portion of the costs along with your plan.

When you meet the out-of-pocket maximum (that's the most you can pay in a given year), your plan pays eligible expenses at 100%.

Shared Expenses

	IN-NETWORK	OUT-OF-NETWORK
you pay	10%	30%
plan pays	90%	70%

Pharmacy

	<u>retail</u> You pay	MAIL ORDER YOU PAY	
generic	\$15	\$30	
preferred brand	\$40	\$80	
non-preferred brand	\$60	\$120	

Your Annual Deductible

	IN-NETWORK	OUT-OF-NETWORK
employee	\$2,000	\$2,000
employee/spouse	\$4,000	\$4,000
employee/child	\$4,000	\$4,000
family	\$4,000	\$4,000

Your Annual Out-of-Pocket Maximum

	<u>IN-NETWORK</u>	OUT-OF-NETWORK
employee	\$3,000	\$5,000
employee/spouse	\$6,000	\$10,000
employee/child	\$6,000	\$10,000
family	\$6,000	\$10,000

Visit myCIGNAplans.com

Open Enrollment ID: cityoftucson2009

Password: cigna (case sensitive)

Support for managing your plan and your health

We know how complex health and medical plans can be. That's why CIGNA offers many resources to help you improve your health and get the most from your medical coverage, during annual enrollment and after you've enrolled.

During annual enrollment...

Pre-enrollment Information Line 1.800.401.4041

Helpful, friendly customer service representatives can help you learn about the benefits and advantages of CIGNA HealthCare.

For additional details, including payroll deductions for your company's plan, please refer to your enrollment materials or talk to your company's benefit department or benefit service provider.

myCIGNAplans.com

Find out how our plans work and what they mean to you, before you enroll. Log in to **myCIGNAplans.com** to access essential information about plan options, potential out-of-pocket costs and other aspects of the plans we offer.

Open Enrollment ID: cityoftucson2009 **Password:** cigna (case sensitive)

Once you enroll...

CIGNA Health Advisor®

This group of health and plan specialists is here for you whether you have a health concern, a question about your coverage, or need more information about any aspect of your care. You'll get the resources and information you need to help make the decisions that are best for you.

The CIGNA HealthCare 24-Hour Health Information LineSM

Talk with a team of experienced registered nurses and other health care professionals who will provide confidential answers to your health care questions, helpful home care suggestions, and recommended settings for care.

You'll also have access to our extensive audio library on topics that affect every member of your family.

myCIGNA.com

Your secure source for health and wellness information. **myClGNA.com** gives you access to perhaps the largest body of health care and medical knowledge and information available.

- Online provider directory
- Claim information and account balances
- Online health assessment
- Healthwise® Knowledgebase online library
- Healthy Rewards® wellness discounts*
- Pharmacy price quote and comparison tools

CIGNA Behavioral Advantage

Recent scientific research shows that many physical conditions can worsen with stress, depression, substance abuse, and other behavioral issues. **CIGNA Behavioral Advantage** helps you take control of your health and wellness by emphasizing that mindbody connection. You'll have access to online tools and dedicated coaches to help you take charge of your health and life. And the Lifestyle Management Programs focus on two struggles many of us cope with: managing stress and stopping tobacco use.

CIGNA Well Aware for Better Health®

If you live with a chronic condition, you're just a phone call away from health professionals who can help you manage your condition. Don't let your chronic condition manage you.

- Asthma
- Diabetes
- Heart disease
- Low back pain
- Chronic obstructive pulmonary disease (COPD)
- Depression
- Complications due to excess weight
- Targeted conditions

Pre-enrollment Information Line: 1.800.401.4041

^{*} Healthy Rewards® is a discount program. Some Healthy Rewards programs are not available in all states. If your CIGNA HealthCare plan includes coverage for any of these services, this program is in addition to, not instead of, your plan benefits. Healthy Rewards programs are separate from your medical benefits. A discount program is NOT insurance, and you must pay the entire discounted charge.

Make the most of your preventive health coverage

What is preventive care? CIGNA HealthCare defines it as periodic well visits, routine immunizations and routine screenings provided to you when you have no symptoms or have not been diagnosed with a disease. Additional immunizations and screenings may be included for those individuals at increased risk for a particular disease.

CIGNA Choice Fund covers preventive care 100% when you receive it from a participating CIGNA HealthCare doctor or hospital. That means: ■ No cost to you ■ No cost to your HRA ■ No plan deductible to meet

While your doctor will determine the tests that are right for you based on your age, gender and family history, here's a list of what is covered by your preventive health coverage.

Well-Child Care (through age 18) Adult Care (after age 18) Well-man and Well-woman visits Well-baby and Well-child visits Periodic visits, depending on age Periodic visits, depending on age **Immunizations** as appropriate by age, such as: **Immunizations** such as: ■ Diphtheria, tetanus and acellular pertussis (DTaP) Hepatitis A and B (Hep A and Hep B): for those at risk ■ Haemophilus influenzae type b (Hib) ■ HPV: for girls and women ages 9 – 26 Hepatitis A and B ■ Influenza: ages 19 – 49, as your doctor advises; ages 50+, annually ■ HPV: for girls and women ages 9 – 26 ■ Pneumonia: once for those ages 65+ (or younger for those with risk factors) ■ Influenza: annually between 6 – 59 months ■ Rubella (German Measles): for women of childbearing age if not immune ■ Measles, mumps and rubella (MMR) ■ Tetanus-diphtheria (Td) every 10 years (or TdaP, as indicated) ■ Meningococcal conjugate (MCV4): ■ Varicella (chickenpox): if no evidence of prior immunization between ages 11 and 18 or chickenpox ■ Pneumococcal conjugate (PCV) (pneumonia) ■ Zoster: ages 60+ ■ Poliovirus (IPV) Screenings ■ Rotavirus ■ Blood pressure ■ Varicella (chickenpox) ■ Cholesterol: ages 20+, every 5 years ■ Diabetes screening: ages 45+, or if history of risk factor, every 3 years **Screenings** (as appropriate by age) ■ Blood pressure ■ Mammogram: once a year for women ages 40+ Osteoporosis screening: for women ages 65+, 60 for women at high risk ■ Cholesterol: for those at risk ■ Pap test: once a year for women ages 19 – 64 Hearing and vision performed during the wellness visit ■ Prostate screening (PSA): for men ages 50+, once per year Height and weight ■ Colorectal cancer screenings ages 50+: ■ Hemoglobin or hematocrit: once a year • Sigmoidoscopy once every 5 years • Fecal occult blood test annually for females after menarche • Colonoscopy once every 10 years • Barium enema once every 5 years Pap test and pelvic exam ■ Ultrasound for abdominal aortic aneurysm: for men ages 65 – 75 who have ever smoked ■ Chlamydia screening: for sexually active women ages 24 and under

Other services which are not classified as preventive care, but are generally covered under your medical plan include tests to investigate existing symptoms, tests to follow up on results of screenings, and tests to monitor an ongoing condition or prevent a current condition from becoming worse. Deductibles and coinsurance will apply.

Benefit Exclusions

This document does not guarantee coverage for all preventive services. Immunizations for travel are generally not covered. Other non-covered services can include any medical service or device that is not medically necessary, and any services and supplies for, or in connection with, experimental, investigational or unproven services.

This document contains only highlights of preventive health services. The specific terms of coverage, exclusions and limitations, including legislated benefits, are included in the Summary Plan Description or Insurance Certificate.

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